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PHILIP MILLS JONES, M. D., Secretary and Editor

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**EDITORIAL NOTES.**

A good many wise men have said that it would pay the state richly to allow our legislators to draw an annual salary for, say, ten

**WHY NOT** years, and stay at home and at-  
**GOOD LAWS?** tend to their several businesses.

But that is altogether too Utopian. A legislator is to legislate and every two years he must do something. Then why not see that some good things are done; some things for the public health and welfare? Or shall it always be that we have first consideration for the hog and the dollar, and then, if we have time, devote a little of it to children's lives and the public health? Why would it not be a good plan for the physicians of each senatorial and assembly district to take careful watch of the acts of their representatives in the legislature so far as these acts are connected with matters of public health, and let the representative know of our approval or disapproval? And not only the legislator, but his constituents should know what he has done on these important matters and how his acts are viewed by the medical profession. Public health should know no party. Let no political considerations weigh with us when it comes to considering whether a legislator has done right or wrong in matters of public health. Let each county society, when the proper time comes, go directly to the people and explain just wherein each certain representative has acted well or ill in protecting the public health. Legislators go on the principle that

the public memory is short lived, and in the main they are correct. But we will not be short lived; in this office a record will be kept of the attitude of every legislator upon all questions of public health, and when peace is finally restored to us (when the legislature stops legislating), that information will be furnished to all our county societies. Also, it will be kept on file, and two years from now when many of these gentlemen will be eagerly seeking re-election, it will be very useful to be able to say to the people that their representative was such in reality and had thought for the public welfare. And there are so many things that could and should be done, the mere listing of them would consume much space. Fundamentally, however, there are certain principles that apply to all, and the greatest and most important of these is that all matters affecting public health should be far removed from political interests. Take all public health matters out of politics. Our boards of health, state and county, our asylums, our hospitals, our institutions of every sort and kind relating to health matters should be removed from politics and placed on a merit basis.

Take the pure milk question, for example, and see wherein a wise legislation could so surely and so quickly settle the whole problem and remove the filth from that emulsion of **PURE MILK.** germs and dirt which is now served to us under the name of "milk." The dairy inspection law is a farce, for the dairy men themselves control it—and they are after money, and only money. But suppose the control of the entire milk supply of the state should be put, where it belongs, in the hands of the State Board of Health? Suppose we followed the plan in force in Switzerland; it is mighty simple, but most absolutely effective. The control being in the hands of the State Board of Health, and enough authority and sufficient resources allowed it, it would be easy to require that any person in the state who desired to engage in the milk business must first secure a permit so to do from the board. This permit would only be issued under certain conditions; if the barns and buildings were sanitary; if the herd had been tested and found free of tuberculous cattle, and if other details were such as to meet the approval of the board. And further, the board should have full power to suspend or revoke such permits at their pleasure and upon the violation of any of their rules. At the present time we have milk commissions in some sections which are struggling valiantly to improve the quality of milk served in their respective communities, but diversified authority negatives much of their work. In the larger places most of the milk consumed comes from without. In San Francisco nearly all the milk supplied comes from other counties—counties that are not under the control of San Francisco. But with state control it would make no difference where the milk came from, for all dairies would be subject to the same rules and regulations and the same full control.

more important of these, the conjunctival test to which attention was first called by Wolff-Eisner in the spring of 1907, and later, in June, by Calmette, and the cutaneous test announced by von Pirquet, also in the spring of 1907, are at present engaging the earnest attention of tuberculosis specialists throughout the civilized world. The value of these tests has been pretty thoroughly established, as was evidenced by the interest which they produced at the recent Congress in Washington. Their limitations, and possible harmfulness in certain cases are still under discussion. While they must be used with care, and the results interpreted with caution, it must be conceded that the reaction is a specific one, and that we have in tuberculin a valuable aid in the diagnosis of pulmonary tuberculosis.

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Dr. O. D. Hamlin, Division Surgeon, Oakland, vice Dr. Jas. P. Dunn, deceased.

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Dr. L. M. Cain, District Surgeon, McKittrick, Calif.

Dr. R. W. Avery, District Surgeon, Oxnard, Calif., vice Dr. G. A. Broughton.

The new Southern Pacific Hospital in San Francisco is rapidly nearing completion. For convenience, arrangement, construction, location and de-

sign it will rival any institution of its kind in the country. The arrangement of plans and ideas as to the systematic working of this large hospital was the work of Dr. F. K. Ainsworth, Chief Surgeon, Southern Pacific Company, and all details have been carried out according to his directions.

The Southern Pacific Company is equipping a car, which, under the direction of the State Board of Health, it proposes to operate over its lines in California for the purpose of teaching sanitation to the general public, more especially the rural public. This car will contain exhibits showing how tuberculosis, typhoid fever, diphtheria, and other common and preventable diseases are transmitted and the best means for their avoidance and eradication. Part of this exhibit has already been collected by Dr. Foster, Secretary of the State Board of Health, and more is in preparation by Prof. W. F. Snow and Prof. Doane of the Leland Stanford Jr. University, and other persons who are interested in public health matters. It is understood that the United States Public Health and Marine Hospital Service will co-operate in this valuable work and that Surgeon-General Wyman will detail one of the officers of that service as demonstrator and lecturer. It is believed that Dr. Colby Rucker, Past Assistant Surgeon, United States Public Health and Marine Hospital Service, who for the past two years has been associated with Dr. Blue as executive officer in sanitary work in San Francisco, will be detailed for this purpose. The Santa Fe Company has also offered to transport this car with demonstrator and attendants over its lines in California, so that all points will be reached.

#### DIRECT TRANSFUSION OF BLOOD.\*

By WALLACE I. TERRY, M. D., San Francisco.

The interest in transfusion of blood has been revived within the past year or two through the improvements that have been made in the technic of vessel suture and through the production of mechanical devices for transfusion. As you know, of course, transfusion is a very old operation and was used in the middle ages even, but the mortality attending it was very high and became so bad it was interdicted by royal command in France at one time. Then it was revived in the 18th century and again in the beginning of the 19th century. But the transfusion was by means of a cannula connecting an artery and a vein, and the cannula itself evidently caused clotting of the blood so that patients died from infection, thromboses and embolisms. Then they attempted to defibrinate the blood and inject that. This was done in the middle part of the 19th century. That fell into disrepute owing to the deaths occurring and especially owing to deaths not from emboli but from hemolysis. Quite a large number of cases were reported where the blood of the patient was entirely hemolysed and the patient died. About 1895 Payr devised a little button made out of magnesium. It was both for transfusion purposes and for the suture of vessels, especially arteries, and that was attended by some success, but did not come into particular favor because of the mechanical difficulties in applying it and only a few cases were reported where it was used. Others worked along the same lines of mechanical devices. Finally the device of Crile was advanced which is practically the Payr tube with an added handle.

This is to be used only for temporary purposes and not for vessel suture. Vessel suture was employed before the mechanical devices were improved, especially by Crile, in the transfusion of blood. We owe to Carrel and Guthrie a great deal of credit in perfecting vessel suture by the use of very fine needles and very fine thread and careful approximation of the coats of the vessel, but to suture an artery and vein together is time-consuming. It requires very careful technic, and the mechanical device fulfills the same purposes without the necessity for difficult work.

The indications for direct transfusion are loss of blood from any source—such losses that the body will probably not be able to make up. That includes some of the anemias, for not all anemias are helped by direct transfusion; and in some cases malignant growths—which is a new development just brought out by Crile in the past year. One caution to be observed in transfusion for malignant growths and anemias, is that the blood of the donor and donee should be examined pathologically for evidence of hemolysis. That requires a trained laboratory man, but the technic is being simplified and it will not be long before any good pathologist can make these examinations. But if the donor's blood should destroy the donee's it is a difficult problem, and vice versa. Having settled these factors, which in a way are governed by rather fixed rules, then one can decide about the need and value of the measure itself. It is always to be remembered that the same species must be employed, that the blood of the goat for instance cannot be used for the blood of man. It must be the blood of another human being. Near relatives are the best donors. With regard to the vessels to be selected, the radial artery and one of the medium or small sized veins on the forearm are about the best. The vessels are exposed under local anesthesia, a weak solution of cocain or eucaïn being sufficient if infiltrated. There is no necessity for general anesthesia. Having selected the vein and the artery, they should be isolated for a distance of a few cm. in order to give play. The patients should be put on tables facing each other, the arm of the one put over the arm of the other and union effected. The Crile tube is ingenious. The vein of the donee is slipped through the inside of the tube and turned over as a cuff on the outside and then is tied. In speaking about the tying there is a little point in the technic which may be worth mentioning. To tie with thread is not always easy because thread will slip. A piece of fine silver wire is better. The vein is run over the last notch on the tube and ligated. Then the end is slipped into the artery and the artery ligated over the vein. In that way you get the two intimas together.

Another point is that care should be taken with the adventitia. The adventitia causes clotting of the blood, so it should be carefully drawn down and cut short. The little tubes should be anointed with a little vaseline. Very often this is applied to the interior of the vessel. Vaseline should especially be used in the suture. It prevents leakage and does

\* Verbal report before the Pacific Association of Railway Surgeons, 1908.

**GOOD WORK IN PASADENA.**

The mayor and council of Pasadena, California, have recently passed a resolution favoring a more rigid enforcement of the ordinance compelling the reporting of all infectious diseases, including tuberculosis, and have also made a generous provision whereby the fumigation of all rooms and houses vacated by any infectious or tubercular case shall at once be thoroughly disinfected by a city official at the city's expense.

Thus every one coming to Pasadena is assured of protection against entering infected rooms.

The Shakespeare Club, of five hundred ladies, are the most enthusiastic supporters of this movement. The best real estate firms are urgent to have it carried out, and they certainly are in a business position and mental attitude not to rent or sell to their clientele any premises that is not perfectly sanitary, both as to infection and plumbing.

The Medical Society of Pasadena stand back of the proposition and are giving their health officer their unanimous support.

**ADDITIONAL NEW REMEDIES APPROVED.**

To the list of articles accepted by the Council, which appeared in the Journal December 5, the following were added:

Soloid Mercuric Potass. Iodide (Burroughs Wellcome & Co.).

Soloid Nizin (Burroughs Wellcome & Co.).

Tabloid Coffee Mint (Burroughs Wellcome & Co.).

Bismuth & Iron Citrate (Burroughs Wellcome & Co.).

Bismuthal (National Pharmacy Co.).

Bismuth & Lithium Citrate (Burroughs Wellcome & Co.).

Colochi-Methyl Capsules (Wampole & Co.).

Syrup Ammonium Hypophosphites (R. W. Gardner).

**COUNCIL MEETING.**

The presence of Dr. Wesley W. Beckett, President of the State Society, in San Francisco was the reason for calling a meeting of the Council on January 4th. No matters of special importance were taken up except the probable attitude of the present legislature toward the medical law, and what the Society should do to point out to our legislators that the law should be left as it is. The meeting was well attended.

**DISTINGUISHED VISITOR.**

Dr. Gustave Toepfer, of Vienna and Karlsbad, paid a visit to San Francisco during December, leaving for the East a few days before Christmas. He seemed to thoroughly enjoy what he saw of California and expressed a keen desire to return.

**PROPOSED CONSOLIDATION.**

At the last meeting of the Regents of the University of California, Dr. W. Jarvis Barlow, Dean of the Medical School of the University of Southern California, appeared, according to press reports, and presented the request from the southern medical school, to be taken into affiliation with the University of California. It is generally understood that the matter has been under consideration by the faculties of the two medical schools for some time past and that the faculty of the Medical Department of the University of California has recommended to the Regents that the affiliation be accepted and perfected. This would seem to be rather a wise move; there are too many medical schools anyhow, and the more they can be concentrated the better.

**TUBERCULOSIS SANATORIA.**

The present agitation in the matter of public edu-

cation on the tuberculosis matter may have something to do with it, but certain it is that a number of sanatoria for the care of tuberculous have been and are being opened in various parts of the State. Dr. Peers, of Colfax, has started a small place and so has Dr. C. A. Shepard, of Needles. Dr. Walker in San Francisco also has done the same thing and others will soon be opened.

**TUBERCULOSIS IN THE LEGISLATURE.**

Several bills have been introduced in the present legislature dealing with the tuberculosis problem. Senate bill No. 63 calls "for the creation of a tuberculous commission," which we trust is merely a typographical error. It provides for a careful study of the question throughout the State and appropriates \$5000 for the expenses of the work. The commission is to consist of seven members to be appointed by the Governor.

**TUBERCULOSIS CLINIC IN SAN FRANCISCO.**

The San Francisco Tuberculosis Association announces the opening of its out-patient clinic at 1734 Stockton street, near Filbert, on January 18th. It will remain at this location until its own building is ready for use. Trained nurses will be provided to do the home work, inspection, etc., and physicians from the several institutions in the city have been appointed to do the clinic work.

**PUBLICATIONS.**

**Transactions of the Tenth Annual Meeting of the American Proctologic Society.** Edited by Samuel T. Earle, M. D., and Lewis H. Adler, Jr., M. D.

**The Arteries of the Gastro-Intestinal Tract With Inosculation Circle.** Byron Robinson.

**Gray's Anatomy**, the 17th edition, has been issued by Lea & Febiger, Philadelphia. The present edition is of course, in many ways, an improved and more up-to-date work than the preceding editions. Gray's Anatomy needs no extended review; it is too well known to require more than mention.

**Progressive Medicine, Vol. III and Vol. IV, December, 1908.** A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 333 pages, with 26 engravings and 2 colored plates. Per annum in four paper-bound volumes, containing over 1,200 pages, \$6.00, net; in cloth, \$9.00, net. Lea & Febiger, Publishers, Philadelphia and New York.

**Changes of Address.**

Stansbury, Milton P., from St. Luke's Hospital, San Francisco, to Chico, Cal.

Gunn, Herbert, from 1059 O'Farrell st., to 240 Stockton st., San Francisco.

Jones, Carl P., from St. Luke's Hospital, San Francisco, to Grass Valley, Cal.

Huckins, J. W., from Vallejo, Cal., to 1922 Pierce st., San Francisco.

Ranson, Dow H., from St. Luke's Hospital, San Francisco, to Madera, Cal.

Myers, J. J., from Madera, Cal., to Raymond, Cal.

Peterson, Fred W., from Imperial, Cal., to El Centro, Imperial County, Cal.

Patten, Elmer E., Imperial, Imperial County, Cal.

Huff, Melvin B., from Los Angeles, Cal., to Corona, Cal.

**Burnham, Clark J.**, from 1121 Devisadero st., San Francisco, to Alta Vista Bldg., Berkeley, Cal.

**Meagher, Jos. F.**, 4096 Eighteenth st., San Francisco.

**Grimes, Wm. L.**, 163 Sixth ave., San Francisco.

**Shinnick, Chas. C.**, from Oakland, Cal., to Santa Cruz, Cal.

**Matsuda, M.**, temporarily in Japan.

**Janss, Herbert**, of Los Angeles, is traveling abroad.

**Hardin, A. E.**, from Petaluma, Cal., to Grass Valley, Cal.

**Higbee, Annie Carveth**, from Whittier, Cal., to Norwalk, Cal.

**Williams, Clara L.**, from 1725 Euclid ave., Berkeley, Cal., to El Granada, Bancroft Way, Berkeley, Cal.

**Tillman, Frank J.**, from San Francisco to Ukiah, Cal.

**Potter, Samuel O. L.**, from 30 Liberty st., San Francisco, to 986 Ellis st., San Francisco.

**Richter, C. M.**, from 2108 Scott st., San Francisco, to 146 Grant ave., San Francisco.

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**Oliver, Harry R.**, 135 Stockton st., San Francisco.

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**Gleason, Chas. D.**, from German Hospital to 240 Stockton st., San Francisco.

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**Stark, Bertha W.**, 1065 Sutter st., San Francisco.

**Hopkins-Thorne, Grace L.**, Fresno, Cal.

**Fay, Wilbert L.**, Forest Hill, Cal.

**Friedberger, W.**, Stockton, Cal.

**Tebbetts, Hiram B.**, City Health Office, Los Angeles, Cal.

**Wright, Thompson B.**, Pasadena, Cal.

**Wilson, Horace P.**, Whittier, Cal.

**Fielding, Geo. A.**, Sawtelle, Cal.

**Robinson, Frank Neal**, Monrovia, Cal.

**Warden, Carl C.**, Los Angeles, Cal.

**Hunter, Geo. G.**, Los Angeles, Cal.

**Theime, D. A. J.**, Los Angeles, Cal.

**Walker, Horatio**, Los Angeles, Cal.

#### Deaths.

**Titus, Frank H.**, died in Texas.

**Davidson, Jos. D.**, of Fresno.

**Ogden, Wm. Martin**, Los Angeles, Cal.

**Carlisle, Eber S.**, Los Angeles, Cal.

**Moody, Mary W.**, San Francisco.

**Chadbourne, Edwin R.**, Pasadena, Cal.

**Joyce, Fred'k L.**, of San Francisco, died in Monrovia, Cal.

#### Resigned.

**Ulrich, Edward John**, San Jose, Cal.

**Smith, Rensellar J.**, Milpitas, Santa Clara County, Cal.

#### Retired.

**Rankin, John T.**, Los Angeles, Cal.

## BOARD OF EXAMINERS, DECEMBER SESSION.

## Passed.

School of Medicine.	Date of Graduation.	Percentage.
Coll. of P. & S., S. F., Cal.	5, 14, 08	83.3
Coll. of P. & S., S. F., Cal.	5, 14, 08	82.0
Coll. of P. & S., S. F., Cal.	5, 14, 08	77.1
Coll. of P. & S., S. F., Cal.	5, 17, 06	75.8
Cooper Med. Coll., S. F., Cal.	5, 6, 08	81.1
Cooper Med. Coll., S. F., Cal.	5, 20, 08	78.9
Cooper Med. Coll., S. F., Cal.	5, 8, 07	75.0
Univ. of Cal., S. F., Cal.	5, 14, 08	76.3
Univ. of Cal., S. F., Cal.	5, 14, 07	76.0
Univ. of So. Cal., L. A., Cal.	6, 18, 08	78.0
Univ. of So. Cal., L. A., Cal.	6, 18, 08	75.0
Coll. of Med. of Columbia Univ., N. Y.	5, 27, 08	78.4
Coll. of P. & S. of Baltimore, Md.	4, -, 94	78.2 plus 5=83.2
Coll. of P. & S. of Chicago, Ill., (Univ. of Ill.)	4, 19, 98	71.3 plus 5=76.3
Coll. of P. & S., N. Y.	6, 8, 98	73.4 plus 5=78.4
Denver & Gross Coll. of Med., Colo	5, 14, 08	75.0
Harvard Med. Coll., Mass.	6, 24, 08	77.3
Jefferson Med. Coll., Pa	6, 4, 06	84.2
Jefferson Med. Coll., Pa	6, 4, 06	78.6
Jefferson Med. Coll., Pa	5, 29, 02	75.5
Kansas City Med. Coll., Mo.	3, -, 98	78.3 plus 5=83.3
Miami Med. Coll., Cin., O.	6, 1, 04	77.9
N. W. Med. Sch., Ill.	6, 4, 08	78.8
Rush Med. Coll., Ill.	8, 27, 08	86.7
Rush Med. Coll., Ill.	3, 19, 08	86.3
Rush Med. Coll., Ill.	6, 18, 02	82.1
Rush Med. Coll., Ill.	5, 27, 96	75.4 plus 5=80.4
Rush Med. Coll., Ill.	6, 12, 07	76.1
Univ. of Mich.	6, 22, 05	79.5
Univ. of Penn.	6, -, 06	81.1
Univ. of Penn.	6, 7, 94	71.1 plus 5=76.1
Univ. of Sausame, Switzerland	-, -, 99	79.5
Univ. of Texas	5, 1, 94	70.1 plus 5=75.1
Univ. Med. Coll. of Mo.	5, 2, 08	75.7
School of Osteopathy.		
Southern Sch. of Osteo., Ky.	-, -, 00	84.5 plus 5=89.5

## Failed.

Coll. of P. & S., L. A., Cal.	6, 26, 08	73.9
Coll. of P. & S., S. F., Cal.	6, 6, 07	69.9
Coll. of P. & S., S. F., Cal.	6, 6, 07	68.9
Coll. of P. & S., S. F., Cal.	5, 17, 07	68.3
Coll. of P. & S., S. F., Cal.	6, 6, 07	67.5
Cooper Med. Coll., S. F., Cal.	5, 5, 08	72.5
Univ. of Calif., S. F., Cal.	5, 12, 08	72.8
Univ. of So. Cal., L. A., Cal.	6, 19, 05	73.3
Univ. of So. Cal., L. A., Cal.	6, 18, 08	72.0
Univ. of So. Cal., L. A., Cal.	6, 13, 07	70.4
Univ. of So. Cal., L. A., Cal.	6, 18, 08	70.0
Univ. of So. Cal., L. A., Cal.	9, 3, 04	53.2
Univ. of So. Cal., L. A., Cal.	6, -, 03	45.0
Atlanta Med. Coll., Ga.	3, 1, 08	16.9
Baltimore Med. Coll., Md.	5, 21, 07	63.6
Coll. of P. & S., St. Louis, Mo.	4, 27, 08	65.6
Jefferson Med. Coll., Pa.	5, 4, 94	52.3 plus 5=57.3
Louisville Med. Coll., Ky.	3, 25, 97	62.1 plus 5=67.1
Med. Coll. of Ind.	3, 29, 98	39.4 plus 5=44.4
Miami Med. Coll., Cin., O.	5, 1, 03	62.2
Omaha Med. Coll., Nebr.	4, -, 02	69.5
State Univ. of Iowa	3, 9, 92	61.3 plus 5=66.3
State Univ. of Iowa	3, 5, 85	60.1 plus 10=70.1
Univ. of Louisville, Ky.	3, 13, 93	63.4 plus 5=68.4
Univ. of Mich.	6, 30, 98	57.3 plus 5=62.3
Univ. of the City of N. Y.	4, -, 93	67.8 plus 5=72.8
Univ. of Vermont Coll. of Med., Vt.	6, 26, 07	66.5
Washington Univ., Mo.	5, 23, 07	71.1
School of Osteopathy.		
Northern Inst. of Osteo., Minn.	6, 1, 97	59.2 plus 5=64.2
Still Coll. of Osteo., Iowa	1, 31, 07	54.9

"Plus," credit given for years of practice.

Failed to pass in August; papers revised and certificates issued in December.

Coll. of P. & S., L. A., Cal.	6, 26, 08	73.9
Hahnemann Med. Coll. of Pac., Cal.	5, 21, 08	73.2
Univ. of So. Cal., L. A., Cal.	6, 18, 08	75.1
Univ. of So. Cal., L. A., Cal.	6, 18, 08	73.6
Univ. of So. Cal., L. A., Cal.	6, 18, 08	73.6
Univ. of So. Cal., L. A., Cal.	6, 18, 08	73.3
Jefferson Med. Coll., Pa.	6, 8, 08	74.1
Miami Med. Coll., Cinn., O.	6, —, 05	73.7
Univ. of Copenhagen, Den.	2, 21, 06	73.5
Royal Univ. of Ireland	—, —, 88	80.0

### NEW LICENTIATES.

Adler, Howard F.; Boatman, H. F.; Bowling, R. W.; Brown, F. Earl; Bullock, N. H.; Campiche, Paul; Doak, I. C.; Frank, M. A. S.; Gould, N. B.; Guntz, Adolph V.; Hall, Edwin Hines; Hare, Chas. B.; Huggins, W. L.; Hutchison, C. S.; Kaull, L. P.; LaMotte, L. A. J.; Marston, Chas. B.; McCoy, Geo. W.; McKenney, A. C.; Molony, Martin; Mudd, J. L.; Nielsen, Soren; Panton, H. R.; Pascoe, Elmer R.; Proctor, M. C.; Reed, J. Ross; Reynolds, Royal; Richter, H. C.; Rosenberger, H. G.; Ross, K. F.; Sampson, J. H.; Scheier, R. B.; Schoff, C. E.; Seager, H. W.; Sheaff, P. A.; Shortlidge, E. D.; Smith, F. J.; Smith, Walter A.; Soll, C. H.; Sylvester, F. M.; Topham, B. E.; VanPatten, P. S.; Ward, J. M.; Weber, W. L.; Wood, E. H.

### NEW AND NON-OFFICIAL REMEDIES.

(Continued)

#### TRIPHENIN.

Triphenin,  $C_6H_4(OC_2H_5)NH(CH_2CH_2CO) = C_{11}H_{16}NO_2$ , is a derivative of parphenetidin, differing from acetphenetidin (phenacetin),  $C_6H_4(OC_2H_5)NH(CH_2CO)$ , in that the acetic acid residue,  $(CH_3CO)$ , has been replaced by the propanoic residue,  $(CH_2CH_2CO)$ .

**Actions and Uses.**—Triphenin is antipyretic, analgesic and hypnotic; its action is slower and milder than that of phenacetin, because it is less soluble, and it is said to be free from by- or after-effects. **Dosage.**—As an antipyretic, 0.25 to 0.6 Gm. (4 to 10 grains); as an antineuralgic, 1 to 1.3 Gm. (15 to 20 grains), preferably in wafers. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

#### TROPACOCAINE HYDROCHLORIDE.

Tropacocaine hydrochloride,  $C_8H_{14}NO(C_2H_5O).HCl = C_{10}H_{18}NO_2.HCl$ , is the hydrochloride of synthetic tropacocaine.

**Actions and Uses.**—Tropacocaine hydrochloride is a local anesthetic, resembling cocaine very closely in its general action, but only half as poisonous. It is reported that anesthesia sets in more rapidly and lasts longer than with cocaine. It produces less dilatation of the pupil, sometimes none at all. It is recommended as a local anesthetic. **Dosage.**—It is applied in 3 to 10 per cent aqueous solutions containing 0.6 per cent sodium chloride. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

#### TUMENOL.

Tumenol is a crude mixture of tumenol sulphone and tumenol sulphonic acid derived from bituminous shale.

**Actions and Uses.**—It is said to be a non-toxic and non-irritant protective and palliative to the skin. **Dosage.**—As a 5 to 20 per cent ointment or 10 per cent solution in water or glycerin and in the form of soap plaster (with salicylic acid). Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

#### TUMENOL SULPHONE

Tumenol sulphone is a mixture of the sulphonated constituents of tumenol venale which are non-combinable with alkali.

**Actions and Uses.**—These are described under Tumenol, which see. **Dosage.**—It is used undiluted for pencillings on squamous and vesiculose eczemas. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

### TUMENOL SULPHONIC ACID.

Tumenol sulphonic acid consists of the sulphonated constituents of tumenol venale, capable of combining with caustic alkalis.

**Actions and Uses.**—See Tumenol. **Dosage.**—It is used in substance, finely powdered, as a 5 to 10 per cent paste with or without zinc oxide, and in 2 to 5 per cent aqueous solutions as fomentations. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

#### TUSSOL.

Tussol,  $C_{11}H_{12}N_2O.C_6H_5.CHOH.CO_2H = C_{17}H_{20}O_4N_2$ , is a salt of mandelic acid,  $C_6H_5(CHOH.CO_2H)$ , and antipyrine.

**Actions and Uses.**—Tussol combines the antipyretic, analgesic and sedative action of antipyrine with the stimulant action of mandelic acid on glandular secretions. It is recommended for use in the treatment of whooping cough. Some observers question whether it is more effective than a mixture of its components. **Dosage.**—0.05, 0.1, 0.25, 0.4 or 0.5 Gm. ( $\frac{1}{2}$ , 2, 4, 6 or 8 grains), according to the age of the patient. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

#### URETHANE.

A name commonly applied to Aethylis Carbamas, U. S. P. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

#### URIFORM.

Each 8 Cc. (2 fluidrams) is said to contain: Hexamethylenetetramine 0.5 Gm. ( $7\frac{1}{2}$  grains), Saw Palmetto 0.3 Gm. (5 grains), Santal 0.16 Gm. ( $2\frac{1}{2}$  grains), Damiana 0.16 Gm. ( $2\frac{1}{2}$  grains), Coca, 0.16 Gm. ( $2\frac{1}{2}$  grains), and Nux Vomica 0.016 Gm. ( $\frac{1}{4}$  grain) in a menstruum containing 20 per cent. of alcohol with sugar and aromatics. **Dosage.**—For adults, 4 to 8 Cc. (1 to 2 fluidrams). Prepared by Schiffelin & Co., New York. U. S. trademark No. 37,924.

#### URITONE.

A name applied to Hexamethylenamina, U. S. P. Manufactured by Parke, Davis & Co., Detroit, Mich. U. S. trademark.

#### UROPHERIN-B.

Uropherin-B.,  $LiC_7H_7N_2O_2 + LiC_7H_5O_2$ , is a double salt of theobromine-lithium and lithium benzoate.

**Actions and Uses.**—It is a diuretic, said to be particularly efficient in connection with digitalis. **Dosage.**—0.3 to 1 Gm. (5 to 15 grains) in powder or capsules, followed by water. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).